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UTILITY PATENT APPLICATION TRANSMITTAL																																																								
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Address to: <b>Box PATENT APPLICATION</b> Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450		Attorney Docket No. <b>HAMA3005/EM</b>	First Named Inventor (or identifier) <b>Takuya HAMADA</b>																																																					
		Total Pages <b>51</b>																																																						
Transmitted herewith is a patent application under 37 CFR 1.53(b).																																																								
Entitled: <b>Fluorescent Display Device And Phosphor Paste</b>																																																								
<p><input checked="" type="checkbox"/> 1. Submitted herewith are the following:</p> <p>43 pages of specification, including claims and Abstract.          2 sheets of FORMAL drawings (Figs. 1 and 2).          10 claims.          1 Application Data Sheet.          1 check in the amount of \$1,282 (\$750- Filing Fee; \$252- Extra Independent Claim Fee;          \$280- Multiple Dependent Claim Fee).</p> <p><input type="checkbox"/> 2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.</p> <p><input checked="" type="checkbox"/> 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.</p> <p><input type="checkbox"/> 4. Insert before the first sentence of the specification: -- This application claims the benefit of provisional application number _____ filed _____. --</p> <p><input type="checkbox"/> 5. Insert before the first sentence of the specification: -- This application is a Continuation-in-part of nonprovisional application number _____ filed _____. --</p> <p><input type="checkbox"/> 6. Other: _____.</p>																																																								
The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.																																																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding: 2px;">THE FILING FEE IS CALCULATED AS FOLLOWS:</th> <th style="text-align: right; padding: 2px;">Basic Fee:</th> <th style="text-align: right; padding: 2px;">\$750.00</th> </tr> </thead> <tbody> <tr> <td style="text-align: right; padding: 2px;">Total Claims:</td> <td style="text-align: center; padding: 2px;">10</td> <td style="text-align: right; padding: 2px;">- 20 =</td> <td style="text-align: center; padding: 2px;">0</td> <td style="text-align: right; padding: 2px;">X \$18 =</td> <td style="text-align: right; padding: 2px;">\$0.00</td> </tr> <tr> <td style="text-align: right; padding: 2px;">Independent Claims:</td> <td style="text-align: center; padding: 2px;">6</td> <td style="text-align: right; padding: 2px;">- 3 =</td> <td style="text-align: center; padding: 2px;">3.00</td> <td style="text-align: right; padding: 2px;">X \$84 =</td> <td style="text-align: right; padding: 2px;">\$252.00</td> </tr> <tr> <td colspan="3" style="text-align: right; padding: 2px;">Correspondence Address:            BACON &amp; THOMAS, PLLC            625 Slaters Lane, 4<sup>th</sup> Floor            Alexandria, VA 22314-1176</td> <td colspan="2" style="text-align: right; padding: 2px;">Multiple Dependent Claim (add \$280.00):</td> <td style="text-align: right; padding: 2px;">\$280.00</td> </tr> <tr> <td colspan="3" style="text-align: right; padding: 2px;">CUSTOMER NUMBER  <b>23364</b></td> <td colspan="2" style="text-align: right; padding: 2px;">Subtotal:</td> <td style="text-align: right; padding: 2px;">\$1,282.00</td> </tr> <tr> <td colspan="3" style="text-align: right; padding: 2px;"></td> <td colspan="2" style="text-align: right; padding: 2px;">50% Reduction if Small Entity Status:</td> <td style="text-align: right; padding: 2px;">\$0.00</td> </tr> <tr> <td colspan="3" style="text-align: right; padding: 2px;">Phone: 703-683-0500</td> <td colspan="2" style="text-align: right; padding: 2px;">Total:</td> <td style="text-align: right; padding: 2px;">\$1,282.00</td> </tr> <tr> <td style="text-align: right; padding: 2px;">Date:</td> <td colspan="2" style="text-align: right; padding: 2px;">Name:</td> <td colspan="2" style="text-align: right; padding: 2px;">Signature:</td> <td style="text-align: right; padding: 2px;">Reg. No.</td> </tr> <tr> <td style="text-align: right; padding: 2px;">September 29, 2003</td> <td colspan="2" style="text-align: right; padding: 2px;">Richard E. Fichter</td> <td colspan="2" style="text-align: right; padding: 2px;"><i>Richard E. Fichter</i></td> <td style="text-align: right; padding: 2px;">26,382</td> </tr> </tbody> </table>				THE FILING FEE IS CALCULATED AS FOLLOWS:			Basic Fee:	\$750.00	Total Claims:	10	- 20 =	0	X \$18 =	\$0.00	Independent Claims:	6	- 3 =	3.00	X \$84 =	\$252.00	Correspondence Address: BACON & THOMAS, PLLC 625 Slaters Lane, 4 <sup>th</sup> Floor Alexandria, VA 22314-1176			Multiple Dependent Claim (add \$280.00):		\$280.00	CUSTOMER NUMBER <b>23364</b>			Subtotal:		\$1,282.00				50% Reduction if Small Entity Status:		\$0.00	Phone: 703-683-0500			Total:		\$1,282.00	Date:	Name:		Signature:		Reg. No.	September 29, 2003	Richard E. Fichter		<i>Richard E. Fichter</i>		26,382
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